



Adapting Social and Behavior Change Programming for Maternal, Newborn, and Child Health in Nigeria During COVID-19

CASE STUDY

Introduction

At the outset of the COVID-19 pandemic in Nigeria, Breakthrough ACTION's maternal, newborn, and child health (MNCH) programming was significantly impacted, as were all MNCH programs. Community-level activities abruptly ceased and during the first 8–9 months of the pandemic fewer people were reached through MNCH home visits and community and compound

dialogue meetings. Fewer people also sought care at health facilities due to fear of COVID-19 infection.¹ Women attended antenatal care visits less frequently and chose to see traditional birth attendants instead. Breakthrough ACTION had to quickly change course with its government partners to adapt both programming and social and behavior change (SBC) messaging for MNCH.



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Collaboration at the National Level

Breakthrough ACTION supported the Nigeria Centre for Disease Control (NCDC) when COVID-19 hit and moved quickly as a project. The NCDC convened partners to develop COVID-19 content for public health managers across Nigeria, with Breakthrough ACTION leading the development. All content was then validated by NCDC and other partners, including UNICEF. With travel limited across the country and in-person outreach suspended, Breakthrough ACTION moved immediately to virtual spaces to engage community cadres and maximized the use of simple technology.

Prioritization of Messages to Maintain High-Quality MNCH Programming

One of the first steps taken when adapting program implementation was to build in a process to prioritize the nationally agreed upon messages and activities, with COVID-19 prevention messages taking the highest priority. As the pandemic continued to progress, the focus quickly changed to determine which of the priority MNCH behaviors would be most impacted by COVID-19. For example, many women were reluctant to go to health facilities due to fear of COVID-19, so prioritizing messages around antenatal care and facility delivery emerged as a high priority. With most people staying home more in those early weeks and months, couples counseling and family planning messages also became increasingly important.





Specific messages included going for early antenatal care as soon as a woman thinks she might be pregnant in order to access intermittent preventive treatment of malaria for pregnant women. Further messages were disseminated on exclusive breastfeeding once the baby arrives, the importance of sleeping under an insecticide-treated mosquito net daily to prevent malaria, and care seeking to the patent and proprietary medicine vendors or health facility for malaria testing if a child or other family member should develop a fever while at home.

Impact on Community-Level Activities

Breakthrough ACTION had been partnering with the ward development committees (WDCs) before the pandemic began. The WDCs are the ward-level managerial infrastructures intended to ensure community participation and involvement in the implementation of health and development programs and activities. The WDCs are well known in communities for their role in supporting women with transportation to the health facility. Prior to COVID-19, the WDCs had listed pregnant

women within their communities who they support with transportation to antenatal care. During the pandemic, they continued this support as well as extending it to newly identified in need. Thankfully, the WDCs were still able to implement certain activities based on community health action resource plans in place. While avoiding most face-to-face activities, the WDCs adapted to fill a community need within the confines of restrictions in the early months of the pandemic. As the lockdown eased, Breakthrough ACTION [developed guidelines for conducting community activities safely](#) to minimize risk of infection while still supporting health care seeking and community support for key MNCH services during the pandemic. In addition to in-person outreach, digital solutions were amplified as described below.

Maximizing Digital Solutions to Expand Training and Community Reach

One of the major avenues of change was to ensure that community volunteers were still able to receive training on MNCH behaviors while also understanding the nature of COVID-19 and preventive behaviors. It was critical to quickly reach community volunteers with essential information given travel restrictions throughout the country. The project worked closely with community volunteers to determine how best they could continue their work and fully leverage virtual options. Within a month the project developed a mobile curriculum using interactive voice response and implemented three cycles of training, each five days in length, which was translated into four languages (English, Hausa, Igbo,



and Yoruba) in order to build the capacity of community volunteers across many states. A pretest, posttest, and question and answer session were used to measure understanding among the community volunteers.

Through the use of interactive voice response, Breakthrough ACTION was able to orient 3,000 community volunteers on guidelines to conduct safe community activities. This remote training, similar in nature to a short 5–10 minute podcast, focused on how to carry out MNCH activities in the context of COVID-19 and included a quiz to measure learning. Initial content focused on how to safely conduct community-level activities utilizing preventive measures such as explaining COVID-19 accurately to people

in communities, employing physical distancing, and using hand sanitizer when meeting. In the next phase of adaptation, community volunteers were instructed on how best to work through existing community structures to reach even more people with COVID-19 messages. Finding ways to work within the community structures was important to expand reach as far as possible. In some cases, the project utilized town announcers and community megaphones to engage people on safe behaviors with pre-recorded messages as it also leveraged others' resources at the state level to implement programming during the challenging days early in the pandemic. Partnerships with religious leaders were also fostered given their reach across communities, and loudspeakers used for calls to prayer were

used to share COVID-19 messages widely across many wards.

Moving interactions to virtual platforms ensured community volunteers constantly felt supported and empowered to carry out activities. Feedback from a survey drawn from the community volunteers during and after the training demonstrated that 90% of community volunteers found the virtual trainings useful and further empowered them to carry out activities. It was clear that the information from the project was the only support most volunteers were receiving.

From there community volunteers disseminated the same messages, including a focus on some of the MNCH behaviors anticipated to be most affected by COVID-19, information on basic services still available and readily offered at health facilities during the first few months of the pandemic, and gender-related issues including couples communication and gender-based violence. Many community volunteers also used their WhatsApp groups to send messages to people in their community. Since then the project has used WhatsApp for training WDCs in advance of World Breastfeeding Week, allowing for reports on community activities with pictures also suitable for social media posts. In some states, community volunteers also successfully shared information about Vitamin A supplementation activities through short message service (SMS) to encourage people to go to a health facility. During the height of the pandemic, Breakthrough ACTION [further utilized mobile technology to increase awareness beyond just its audience of community volunteers](#). Through consortium partner

Viamo, the project leveraged the relationship with Airtel to send 12,380,260 interactive voice response calls over three months and 750,000 SMS blasts per day related to COVID-19 for a month at the height of the pandemic. The partnership with Airtel continues with COVID-19 messages hosted on the free information service 3-2-1. As of December 2021, Breakthrough ACTION-Nigeria COVID-19 content was accessed by approximately 738,220 individuals and is currently live on 3-2-1.



Beyond use of mobile platforms, but still in the digital realm, the project ensured that MNCH and other priority behavior messages continued to be broadcast. Radio spots surrounding the Breakthrough ACTION-Nigeria umbrella campaign, *Albishirin Ku!*, continued to be aired. This innovative SBC campaign uses human-centered design approaches to address barriers to the successful practice of MNCH, nutrition, family planning, and malaria behaviors. Omnibus surveys demonstrated that Breakthrough ACTION mass media activities continued to do well and have reach (78%) exceeding that measured in 2019 (50%).

Adaptations as COVID-19 Vaccines Become Available

Breakthrough ACTION has also been working closely with the National Primary Health Care Development Agency in the implementation of the recently launched SCALES 2.0 strategy to integrate COVID-19 vaccination with routine immunization and other primary health care services. Given the cases of missed vaccinations when caregivers bring their children for routine immunization and leave without the COVID-19 vaccine, the strategy aims to leverage fixed routine immunization visits in high-volume facilities to reach caregivers with COVID-19 vaccinations. Given the nature of multiple routine immunization visits, it will also be feasible for caregivers to receive two doses of the COVID-19 vaccine.

At the subnational level, Breakthrough ACTION has provided technical assistance



for the integrated COVID-19/routine immunization micro-planning within the wards and local government authorities for optimized campaigns to support the integration of the COVID-19 vaccination and routine immunization throughout 2022. The Government of Nigeria is integrating COVID-19 vaccinations into their existing routine immunization and primary health care services to address the decline in demand and services being offered at the primary health care level as well as to ensure wide reach. Targets for COVID-19 vaccination are set based on the eligible population. The Government is adopting outreach approaches within the campaign as well with mobilization used to reach men who may not typically come to the health facility for routine immunization. The country plans to leverage the COVID-19 vaccination roll-out to also strengthen other areas of the health system including roll-out through private health facilities. The SCALES 2.0 strategy includes robust community engagement as well as intensive mass media engagement.

Lessons Learned and Recommendations for Adapting in the Time of Crisis

Despite the many challenges faced, the Breakthrough ACTION project, in partnership with many others in Nigeria, managed to quickly adapt at the onset of the pandemic and learn several lessons that will continue to shape its activities and support greater innovation into the future.



Maintain a Process for Rapid Quality Assurance

Due to the nature of COVID-19 and the need to develop and implement interventions quickly there wasn't adequate time to complete the standard process Breakthrough ACTION-Nigeria uses for developing SBC interventions. This process typically includes pretesting of messages and other quality checks to determine whether the priority audience will understand and respond to the campaign. Monitoring data is used to

assess progress during implementation of a campaign to better understand if the intervention continues to prompt the audience(s) to take action resulting in a positive shift in the desired behavior. Results from assessments are then used to adapt the SBC interventions as needed. While it was challenging to follow a typical process in its entirety, it remains important to build in a process for rapid quality checks and monitoring to ensure interventions are reaching the intended audience effectively. Breakthrough ACTION-Nigeria managed this process

by adding in additional monitoring and reviews to allow for adaptation if things were not working as well as planned. The project also sought feedback from community volunteers throughout to collect feedback

Prioritize the Main Doable MNCH Behaviors Most Affected by COVID-19

Breakthrough ACTION-Nigeria's MNCH SBC interventions include 18 priority behaviors. When COVID-19 became a global pandemic, the project needed to reprioritize MNCH behaviors to address those most urgent and doable within the new evolving context. COVID-19 was negatively impacting care seeking at health facilities, resulting in fewer antenatal care visits and delivery. The State Ministry of Health also needed assistance in ensuring continuity of services during COVID-19 while supporting communities to trust the MNCH services still being offered. Message prioritization mitigated the danger of people being overloaded with messages and instead highlighted the most essential messages to continue to adopt key MNCH behaviors while taking precautions against COVID-19.

Take Advantage of Digital Platforms

In a typical month, community volunteers initiate deep interaction and engagement with mothers, caregivers of children under five, and other community members through community health dialogues, compound meetings and house-to-house visits, where they share messages on priority MNCH behaviors. COVID-19 fundamentally altered those approaches and instead encouraged creative thinking

to identify other ways to reach people through digital approaches—offering a powerful complement to face-to-face community activities. When COVID-19 began to affect the communities in Bauchi, Kebbi, and Sokoto states, Breakthrough ACTION-Nigeria was able to draw on the existing digital platforms to quickly disseminate messages to community volunteers and community members. Using virtual platforms for developing a mobile phone curriculum, leveraging WhatsApp, and sending SMS blasts in the millions was invaluable to stay connected and share critical information during a heightened time of fear and anxiety across the country. WhatsApp in particular is a platform the project continued to employ with intention even after the early days of the crisis.

Coordinate and Communicate with Partners

Many materials were developed in quick response to the COVID-19 information needs of communities. Partners were simultaneously developing materials communicating the same, or at times different, messages. Coordinating with partners was important to avoid duplication and to remain aware of how different MNCH facility-based services were impacted. For example, Breakthrough ACTION-Nigeria remained in close communication with the Integrated Health Program and the U.S. President's Malaria Initiative for States, USAID's service delivery implementing partners, to understand how health facility services were being affected and in turn shared that information with community volunteers and WDCs who then communicated directly with community members.

Building in processes for communication and coordination with partners is essential to leverage resources and avoid duplication.

Apply a Balanced and Phased Approach as Activities are Safely Shut Down and Restarted

When the crisis began the project knew it could not fully stop activities. The target audience continued to require messaging on MNCH and COVID-19 and access to MNCH services. Striking a balance between how and when to scale down or shut down activities and when to re-start the implementation of community-level SBC interventions required frequent coordination discussions and regular review of data, both internally and with Government counterparts. Further, ensuring flexibility within community-level activities allowed for context-specific approaches that were most appropriate at the time for any given community.



References

- 1 World Health Organization. (2021). *Maintaining the provision and use of services for maternal, newborn, child and adolescent health and older people during the COVID-19 pandemic: Lessons learned from 19 countries*. <https://apps.who.int/iris/handle/10665/351108>

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